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<b>PATENT APPLICATION FEE DETERMINATION RECORD</b> Substitute for Form PTO-875				Application or Docket Number <b>09/755,418</b>		Filing Date <b>01/05/2001</b>		<input type="checkbox"/> To Be Mailed					
<b>APPLICATION AS FILED – PART I</b>						<b>OTHER THAN SMALL ENTITY</b>							
(Column 1)		(Column 2)		SMALL ENTITY <input type="checkbox"/> OR		SMALL ENTITY							
FOR	NUMBER FILED	NUMBER EXTRA		RATE (\$)	FEE (\$)	OR		RATE (\$)	FEE (\$)				
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A	N/A			N/A	N/A				
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A		N/A	N/A			N/A	N/A				
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A		N/A	N/A			N/A	N/A				
TOTAL CLAIMS (37 CFR 1.16(i))		minus 20 = *		X \$ =	N/A			X \$ =	N/A				
INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus 3 = *		X \$ =	N/A			X \$ =	N/A				
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s))		If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.													
<b>APPLICATION AS AMENDED – PART II</b>						<b>OTHER THAN SMALL ENTITY</b>							
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR		SMALL ENTITY			
<b>AMENDMENT</b>	<b>04/14/2009</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)	OR		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	+ 19	Minus	** 26	= 0	X \$ =	N/A			X \$20=	0		
	Independent (37 CFR 1.16(h))	+ 4	Minus	***4	= 0	X \$ =	N/A			X \$220=	0		
	<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))												
	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))												
					TOTAL ADD'L FEE		OR		TOTAL ADD'L FEE	0			
(Column 1)		(Column 2)		(Column 3)		RATE (\$)			ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)		
<b>AMENDMENT</b>	<b>04/14/2009</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)			ADDITIONAL FEE (\$)	OR		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	+ 19	Minus	** 26	= 0	X \$ =			N/A			X \$20=	0
	Independent (37 CFR 1.16(h))	+ 4	Minus	***4	= 0	X \$ =			N/A			X \$220=	0
	<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))												
	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))												
					TOTAL ADD'L FEE		OR		TOTAL ADD'L FEE	0			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Legal Instrument Examiner:  
/TIFFIANY n. TABB/